

BEST AVAILABLE COPY

POSITION	INITIALS	ID NO.	DATE
	JH		06/17/07
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		8	6-27-01
FORMALITY REVIEW	SL	1021	08/10/01
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

< ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	8/9/03
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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901  
08/10/01